

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
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C-PRDA

Page 1 of 2

Name of Person Filing <b>RONALD KENNEDY</b>		File Number U-
<p><b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b></p>		
<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>	
<p><b>10. If 8.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/></p> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>12.b. Amount.</b> <input type="text"/></p>	
<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>		
<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>MILLWRIGHTS &amp; MACHINERY ERECTORS LOCAL 1000</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>9711 E. HILLSBOROUGH AVE.</b></p> <p>City <b>TAMPA</b></p> <p>State <b>Florida</b> ZIP Code + 4 <b>33610-5929</b></p>	<p><b>14.a. Nature of payment.</b></p> <p>Reimbursement for out of pocket expenses incurred while performing administrative activities.</p> <p>Date of payment: 6/24/2004</p>	
<p><b>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b> <input type="text"/> <b>\$63</b></p>	

Name of Person Filing <b>RONALD KENNEDY</b>		File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><b>11.b. Approximate dollar value of such dealing.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p><b>12.b. Amount.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>MILLWRIGHTS &amp; MACHINERY ERECTORS LOCAL 1000</b></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <b>9711 E. HILLSBOROUGH AVE.</b></p> <p>City <b>TAMPA</b></p> <p>State <b>Florida</b> ZIP Code + 4 <b>33610-5929</b></p>	<p><b>14.a. Nature of payment.</b></p> <p><b>Reimbursement for out of pocket expenses incurred and to purchase supplies for annual holiday function.</b></p> <p><b>Date of payment: 12/3/2004</b></p>
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<p><b>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>\$2,000</b></div>
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